

Appendix 3: Sample Form

Projects are encouraged to customize as appropriate.

All project forms should comply with Senior Corps requirements as well as grantee policies.



ABC COUNTY RSVP

TIMESHEET and MILEAGE REIMBURSEMENT REQUEST

Mailing Address: PO Box 123, Our Town, USA 81234

Physical Address: 123 State Street, Our Town, USA 81234

Telephone: (555) 555-1234

Fax: (555) 555-5555

Return to the RSVP Office by the 10th of the following month

Volunteer Name (Print) _____ Month _____, 20____

Mailing Address _____ City/Zip _____

Station Name _____ Auto Insurance Information on File? **Y** or **N**

Date	Volunteer Assignment	# of Hours	^Start Odometer	^End Odometer	Auto miles	*Meals
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTALS						

***Enter an "X" if you received a free meal while volunteering. Leave blank if no meal is received.**
^Enter actual start and stop odometer readings for each trip.

IMPORTANT!
Please obtain your volunteer station supervisor's original signature before submitting!

For Office Use Only:

Mileage Reimbursement

_____ miles X

_____ per mile =

Total Reimbursement:

\$

VOLUNTEER: By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel. **STATION SUPERVISOR:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

X _____
RSVP Volunteer Signature Date

X _____
Station Supervisor Signature Date

X _____
RSVP Staff Signature Date